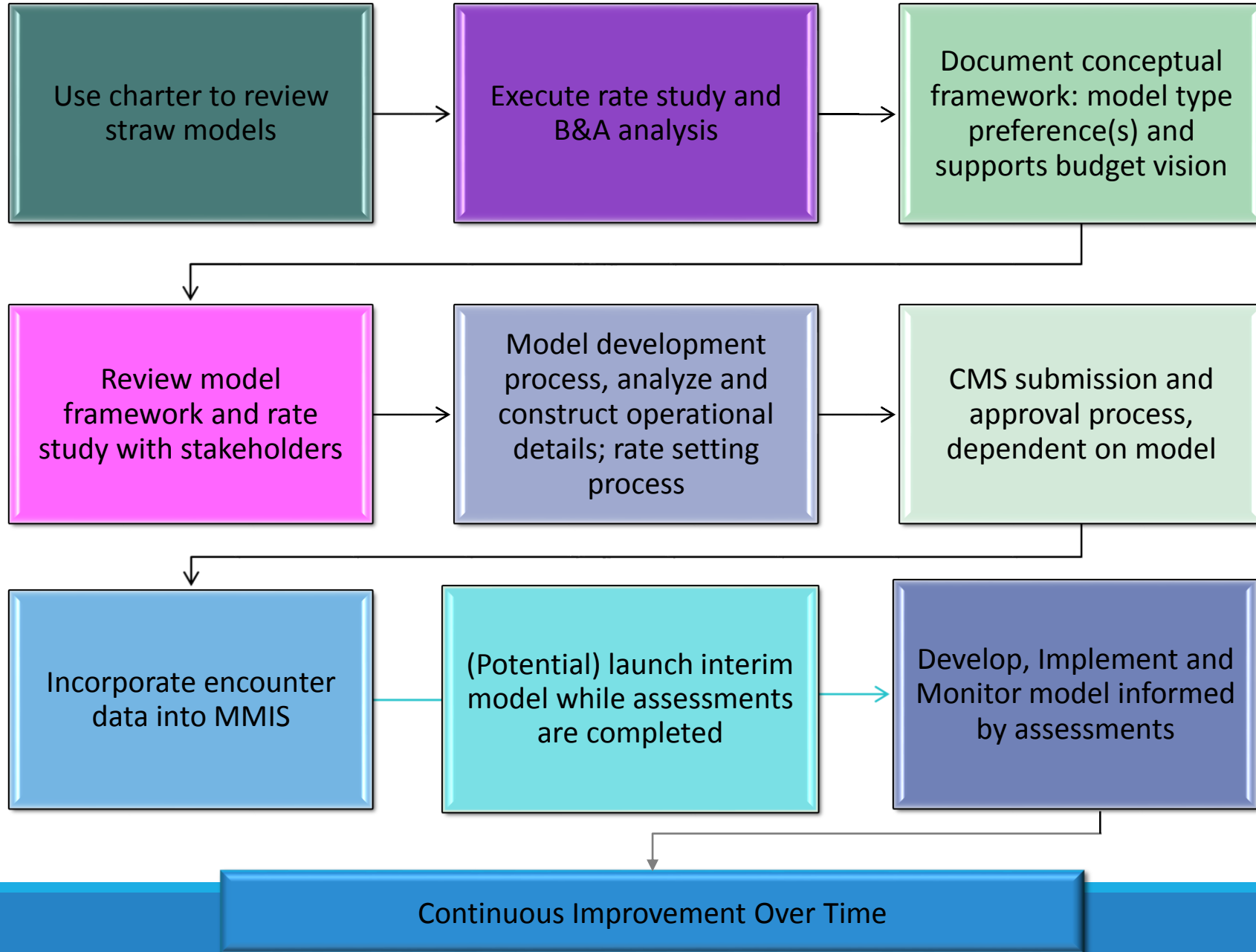


DS Payment Model Work Group

MAY 6, 2019

Process Overview: Conceptual Draft

NOTE: the illustration does not fully reflect tandem nature of many of the activities



Process activities are color coded so multiple pathways can be identified

Color code	Code identification
Grey	Foundational activities: some activities span a broad array of support or may involve more than one process area
Pink	Payment model activities: processes which primarily focus on model development and adoption as well as appropriate documentation and submissions
Purple	Assessment activities: work which primarily ties to the research, acquisition, adoption and communication for the standardized assessment instrument / tool
Teal	Encounter data activities: planning, engagement, execution and support of the transition to a transparent billing code using MMIS
Navy	Policy activities: work which must be undertaken to ensure adherence to approved policies, procedures and regulations

DS Payment Reform: **Working Draft** Timeline Milestones, 2019 & Jan – Apr 2020

Milestone	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Fed Funding / 90/10 APD addendum creation					X Submit	App'al										
Model / CMS submission / launch		Stakeholder engagement	Stakeholder engagement	Stakeholder engagement	Interim / final model develop.	final model dev.		X Submit	PBR completion CMS deadline		CMS approval		Interim model target			
Assessment tool procurement process		Stakeholder engagement	Stakeholder engagement	Post RFP Questions / response	Bids due/ scoring/ Notify vendor	Contract drafng	Draft / Route CMS sub.		CMS response	Contract start						
Assessment launch									Acquire tool	Identify assessors	Training	X	Yr 1 roll out = 1/3			
Billing code determination / code creation			Contingency plan Code PBR	X MMIS ready for claims	\$0 claims go into MMIS	Read-Iness supp.			Address challenges				Data informs interim model with \$			
Policy and procedure planning							Stakeholder commun.	Stakeholder engagement	Public comment potential timing for SOC	File rule / SOCP modification as needed	Public notice tbd for model	Determine timing / requirements				

The DS finance model project strategy sets objectives to achieve in 2020 and beyond

- Improve accountability while meeting the success criteria outlined in the project charter

- Use a standardized assessment instrument and transparent encounter data as the pathways to the creation of improved accountability incorporated in a payment model

“Must Haves” for Improving the System

Use of a standardized assessment

- A reliable assessment tool used to assess needs
- Individual funding at the same level as others with similar needs.

Use of a standard fee schedule

- Providers paid the same amount for delivering the same service.

Person-centered planning

- Regardless of the payment model, service approval and delivery must always reflect a person-centered approach.

Submission of claims or encounter information

- Providers submit claims or encounter information so that there is a timely and accurate record of services provided.

Tier Highlights

ADDRESSING NEEDS

Tiers must address support needs:

- Level of need
- Living situation

Type and amount of services should be based on level of need

There is no real standard; states differ

TIER SYSTEM

Should be no fewer than 3 levels

SIS* is based on a bell curve with 7 levels

4 quartile break down

Sub categories result in 7 total levels based on presence of more challenging needs, medical needs or behavioral needs

*SIS is used here as an example only

TIER CHANGES

Changes in tier triggered by new assessment

A reassessment is triggered by change in condition or protocol lapse

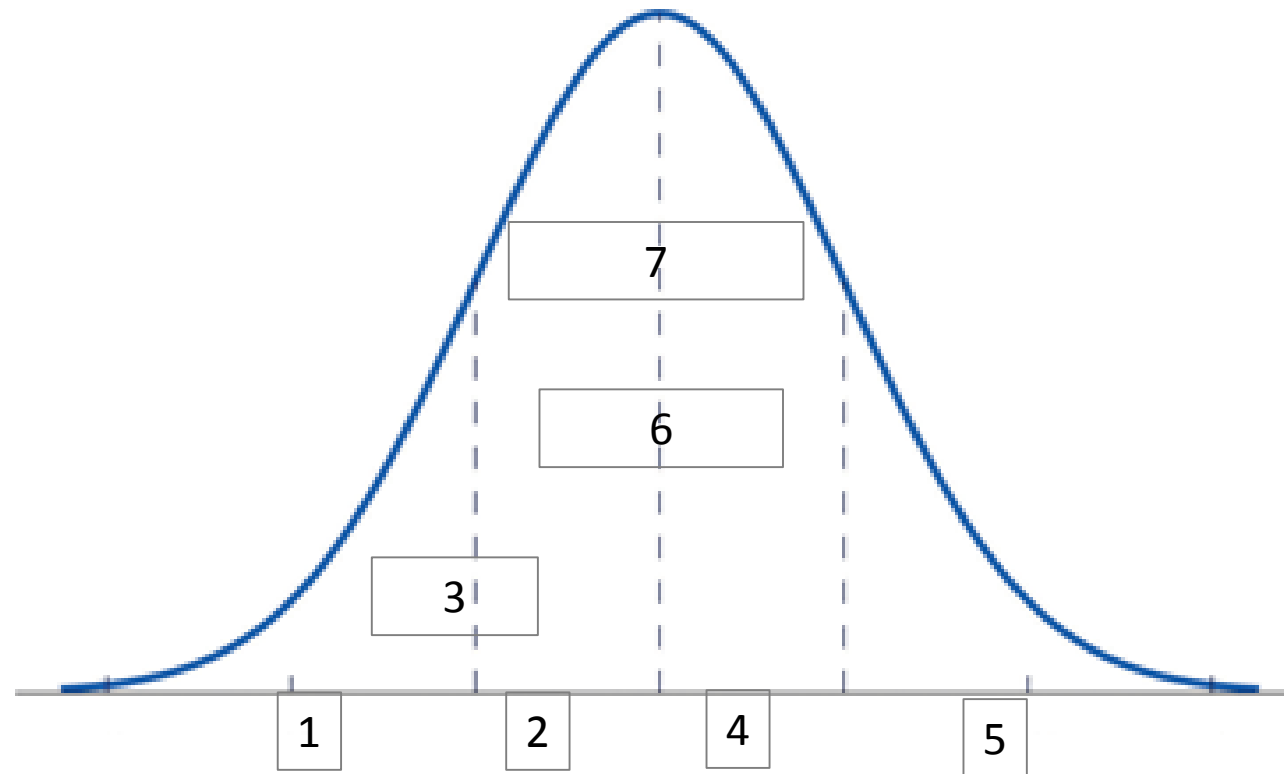
Cohort (group) funding levels are influenced by assessed need and living situation

- Providers are paid a monthly (or daily) funding for the cohorts/groups.
- The funding is reflective of the average cost of serving an individual in a group
- Service plans are *not* dictated by funding level

	Lvl .1	Lvl. 2	Lvl. 3	Lvl. 4	Lvl. 5
Grp living					
Staffed living					
Shared living					
With family					
Independent					

This tiered matrix example produces 25 cohorts: 5 living situations x 5 levels of need

Hypothetical illustration of 7 levels of assessed need with impact of extra behavioral needs and/or medical needs



Service Level Tiers

AGGREGATE

Should be based on utilization patterns and review of actual encounters

To maintain bundle, will need to review assumptions and change on an ongoing basis

Validate bundled payment structure annually (first 3-5 years) and readjust as needed

INDIVIDUAL

Providers have flexibility for delivering the funds

Service will be broadly defined & can float based on needs

Parameters / “guide posts” we give to providers will translate into specific services, helping to ensure person-centered approach